

<i>SERFF Tracking Number:</i>	<i>ALSX-125394094</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>R18897</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0002 Mobile Homeowners</i>
<i>Product Name:</i>	<i>Mobilehome</i>		
<i>Project Name/Number:</i>	<i>2007 - DeHoyos Appeals Process Filing/R18897</i>		

## Filing at a Glance

Company: Allstate Indemnity Company

Product Name: Mobilehome

TOI: 04.0 Homeowners

Sub-TOI: 04.0002 Mobile Homeowners

Filing Type: Rule

Effective Date Requested (New): 03/10/2008

Effective Date Requested (Renewal): 03/10/2008

State Filing Description:

SERFF Tr Num: ALSX-125394094

SERFF Status: Closed

Co Tr Num: R18897

Co Status:

Author: SPI AllState

Date Submitted: 12/19/2007

State: Arkansas

State Tr Num: EFT \$25

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Disposition Date: 01/02/2008

Disposition Status: Filed

Effective Date (New): 03/10/2008

Effective Date (Renewal): 03/10/2008

## General Information

Project Name: 2007 - DeHoyos Appeals Process Filing

Project Number: R18897

Reference Organization:

Reference Title:

Filing Status Changed: 01/02/2008

State Status Changed: 01/02/2008

Corresponding Filing Tracking Number:

Filing Description:

Insurance Scoring Appeals Process

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

With this filing, Allstate Indemnity Company is implementing an appeals process for Insurance Scoring in the state of Arkansas. The same process will be implemented in all Allstate Group companies and lines that order credit reports for the use of Insurance Scoring in Arkansas. The appeals process will allow consumers whose Insurance Score has been adversely impacted by extraordinary circumstances to appeal the Insurance Score, Allstate has previously assigned to

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them. If an insured meets the criteria listed in the rule, a neutral Insurance Score will be applied to the policy. The conditions under, which an insured may appeal his or her Insurance Score may be found in the attached Rule Pages.

This change will not affect the way Allstate initially assigns an Insurance Score to an insured. There is no rate change associated with this filing.

Effective Date:

New business: March 10, 2008

Renewals: March 10, 2008

## Company and Contact

### Filing Contact Information

Patrick Torsney,	ptors@allstate.com
2775 Sanders Road	(847) 402-5000 [Phone]
Northbrook, IL 60062	(847) 402-9757[FAX]

### Filing Company Information

Allstate Indemnity Company	CoCode: 19240	State of Domicile: Illinois
2775 Sanders Road	Group Code: 8	Company Type:
Suite A5		
Northbrook, IL 60062	Group Name: Allstate	State ID Number:
(847) 402-5000 ext. [Phone]	FEIN Number: 36-6115679	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	Independent Rule Filings - All P&C Lines = \$25
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Indemnity Company	\$25.00	12/19/2007	17177106

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Becky Harrington	01/02/2008	01/02/2008

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<i>Project Name/Number:</i>	<i>2007 - DeHoyos Appeals Process Filing/R18897</i>		

## Disposition

Disposition Date: 01/02/2008

Effective Date (New): 03/10/2008

Effective Date (Renewal): 03/10/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALSX-125394094	State:	Arkansas
Filing Company:	Allstate Indemnity Company	State Tracking Number:	EFT \$25
Company Tracking Number:	R18897		
TOI:	04.0 Homeowners	Sub-TOI:	04.0002 Mobile Homeowners
Product Name:	Mobilehome		
Project Name/Number:	2007 - DeHoyos Appeals Process Filing/R18897		

Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Supporting Document	Uniform Transmittal Document-Property &Filed Casualty		Yes
Rate	CheckingList_R18897	Filed	Yes
Rate	Manual_R18897	Filed	Yes

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## **Rate Information**

Rate data does NOT apply to filing.

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<i>Project Name/Number:</i>	<i>2007 - DeHoyos Appeals Process Filing/R18897</i>		

## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>
Filed	CheckingList_R18897	R18897	New	R18897.PDF
Filed	Manual_R18897	R18897	Replacement	R18897.PDF

**CHECKING LIST FOR MANUFACTURED HOME**

Printing dates are shown on each page to facilitate identification of different editions, but have no direct connection with the effective date of the page.

**RULES**

Enclosed: Page IMH19-2 dated 1-1-2008

Withdrawn: Page IMH19-2 dated 08-01-2004



**RULE 19 – RATING GROUP CLASSIFICATION**

Each policy will be assigned a Rating Group based upon the criteria below. At each renewal, the same Rating Group will continue to apply unless the policy qualifies for a different Rating Group under section B of this rule.

**A. INITIAL RATING GROUP DETERMINATION**

The policy will be assigned to a Rating Group based on the Insurance Score assigned when the credit report(s) ordered in connection with the policy were requested, regardless of the effective date of the policy.

For Rating Group assignment:

<b><u>Insurance Score</u></b>	<b><u>Rating Group</u></b>
0-148	1
149-160	2
161-171	3
172-189	4
190-241	5
242-286	6
287-338	7
339-406	8
407-487	9
488+	10

When a credit report cannot be obtained, or where a credit report consists only of inquiries, an Insurance Score will be assigned based on the age of the individual at the time of the credit report request as follows:

<b><u>Age</u></b>	<b><u>Insurance Score</u></b>
Less than 65 years old	180
65 years old or older	180

The policy of any insured whose credit report was ordered by Allstate Indemnity Company for the purpose of Rating Group determination pursuant to this rule on or after 3/10/2008 may, at Allstate's sole discretion, be assigned to Rating Group 6 retroactive to the most recent effective date of the policy, if such insured provides proof acceptable to Allstate that his or her credit information has been negatively impacted by any of the following extraordinary circumstances: divorce; death of a spouse or member of the same household; involuntary unemployment; catastrophic medical expense; care of adult dependent; identity theft; long-term injury, illness or disability; care of a dependent grandchild; or domestic violence.

**B. SUBSEQUENT RATING GROUP DETERMINATION**

At each renewal, the same Rating Group will continue to apply unless at renewal one of the following applies:

Only once annually at the named insured's request, a new credit report(s) will be obtained for all applicable insureds on the policy at the time of the reorder. The reorder will be done according to the policy regarding ordering of credit reports that is in effect for Allstate Indemnity Company at the time of the reorder.

NOTE: If the named insured requests a credit report reorder(s) less than 45 days prior to the renewal effective date of the policy, the updated Insurance Score will be reflected in the Rating Group determination for the next following policy period.

The policy of any insured whose credit report was ordered by Allstate Indemnity Company for the purpose of Rating Group determination pursuant to this rule on or after 3/10/2008 may, at Allstate's sole discretion, be assigned to Rating Group 6 retroactive to the most recent effective date of the policy, if such insured provides proof acceptable to Allstate that his or her credit information has been negatively impacted by any of the following extraordinary circumstances: divorce; death of a spouse or member of the same household; involuntary unemployment; catastrophic medical expense; care of adult dependent; identity theft; long-term injury, illness or disability; care of a dependent grandchild; or domestic violence.

**C. CREDIT REPORT REORDERS**

In the event it is necessary to reorder any credit report(s) other than for reasons listed in section B.1 or section B.2, all credit reports needed to assign the proper Rating Group will be reordered.

New credit report(s) will be obtained for all applicable insureds on the policy at the time of the reorder according to the policy regarding ordering of credit reports that is in effect for Allstate Indemnity Company at the time of the reorder, and the applicable Rating Group will be assigned based upon the resulting Insurance Score from the reordered credit report.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Filed	01/02/2008
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### Comments:

### Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF


## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Allstate				<b>Group NAIC #</b>	008
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Allstate Indemnity Company	IL	19240	36-6115679			

<b>5. Company Tracking Number</b>	R18897
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Patrick Torsney 2775 Sanders Road, Suite A5 Northbrook IL 60062		800-366-2958 Ext. 27309	847-402-9757	ptors@allstate.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Patrick Torsney			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	04.0 Homeowners
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	04.0002 Mobile Homeowners
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	N/A
<b>12. Company Program Title (Marketing Title)</b>	Mobilehome
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 03/10/2008      Renewal: 03/10/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	12/19/07
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	R18897
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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### Insurance Scoring Appeals Process

With this filing, Allstate Indemnity Company is implementing an appeals process for Insurance Scoring in the state of Arkansas. The same process will be implemented in all Allstate Group companies and lines that order credit reports for the use of Insurance Scoring in Arkansas. The appeals process will allow consumers whose Insurance Score has been adversely impacted by extraordinary circumstances to appeal the Insurance Score, Allstate has previously assigned to them. If an insured meets the criteria listed in the rule, a neutral Insurance Score will be applied to the policy. The conditions under, which an insured may appeal his or her Insurance Score may be found in the attached Rule Pages.

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Effective Date:

New business: March 10, 2008

Renewals: March 10, 2008

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> <b>Check #:</b>      N/A. Paid via EFT.  <b>Amount:</b>     \$25.00         </div> <div style="margin-bottom: 20px;">           Independent Rule Filings - All P&amp;C Lines = \$25         </div> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> </div>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)